



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
REAL ESTATE APPRAISER COMMISSION
500 JAMES ROBERTSON PARKWAY, SUITE 620
NASHVILLE, TENNESSEE 37243
615-741-1831

Inactive Renewal Notice

License/Certification Number _____

Expiration Date _____

Name: _____

Address: _____

Renewal
Fee.....\$100.00

**Payment must be received in this office
30 days prior to expiration date or a late
fee of \$100.00 applies.**

Total Amount Due.....\$ _____

Amount Paid.....\$ _____

Please indicate the type of address change by marking an
"X" in the appropriate box below.

☐ Business ☐ Home ☐ Mailing

Phone: _____

Fax Number _____

New Address _____

E-Mail Address _____

Return To:

**State of Tennessee
Real Estate Appraiser Commission
500 James Robertson Parkway Suite 620
Nashville, Tennessee 37243-1166**

This affidavit must be completed and notarized for your inactive renewal to be processed.

Under Rule 1255-7-.01, I would request that my license/certificate be placed in an inactive status. My current licensee number is _____. I understand that while my license/certificate is in an inactive status, I cannot conduct any appraisals. During this period of time, I shall not represent myself as an appraiser. I will pay renewal fees as appropriate.

Printed Name

Notary Public

State of _____

County of _____

Sworn to and subscribed before me this

_____ day of _____, _____.

Signature

Notary Public

My Commission Expires _____